



Post COVID-19 Medical Sheet MUH

Patient name:

Patient Code:

- **Visit 1:** 1 month after discharge
- **Visit 2:** 3 months after discharge
- **Visit 3:** 6 months after discharge
- **Visit 4:** 12 months after discharge



Date of visit 1/...../.....

Date of visit 2/...../.....

Date of visit 3/...../.....

Date of visit 4/...../.....

Personal data:

Name:

Age:

Sex:

ID:

Marital status:

Occupation:

Residence:

Smoking:

Co- morbidities:

Yes No

DM

HTN

Other cardiovascular diseases (.....)

Chest diseases (.....)

Chronic kidney disease

Chronic liver disease



Others:

.....
.....

Diagnosis

Follow up

Symptoms Date:

Visit 1 Visit 2 Visit 3 Visit 4

Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productive cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vertigo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tingling sensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle pain or weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal symptoms (.....)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GIT symptoms (.....)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other symptoms (.....)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SPO2:

Visit 1	Visit 2	Visit 3	Visit 4

Examination notes:

Visit 1:

Visit 2:

Visit 3:

Visit 4:

Investigations

	Baseline	Visit 1	Visit 2	Visit 3	Visit 4
Covid-19 PCR					
CBC					
WBC					
lymphocyte					
Neutrophil					
Eosinophil					
Basophil					
Monocyte					
HGB					
RBC					
HCT					
MCV					
MCH					
MCHC					



PLT					
CRP					
LDH					
Serum ferritin					
Serum creatinine					
AST					
ALT					
Serum albumin					
Serum bilirubin					
D-dimer					
Fibrinogen					
Triglycerides					
INR					
APTT					
Procalcitonin					
CK MB					
Troponin I					
Troponin T					
BNP					
NT-proBNP					
IgM					
IgG					
Others					



Pulmonary function tests

Parameter	Baseline	Visit 1	Visit 2	Visit 3	Visit 4
Spirometry					
FEV1/FVC					
FEV1 %					
FVC %					
MEF 25					
MEF 50					
MEF 75					
MEF 25-75					
PEF					
Diffusion capacity					
DLCO					
6MWT					
Baseline time					
End test time					
Baseline HR					
End test HR					
Baseline dyspnea					
End test dyspnea					
Baseline fatigue					
End test fatigue					
Baseline spO2					
End test spO2					
Symptoms at end of exercise					
Total distance					



walked in 6 minutes (m)					
Distance percent predicted %					
Stopped or paused before 6 minutes					

Radiological finding

CT chest

	Baseline	Visit 1	Visit 2	Visit 3	Visit 4
Distribution of pulmonary lesions					
No lesion					
Peripheral					
Central					
Diffuse					
Type of lesion					
GGO					
Crazy-paving pattern					
Consolidation					
Linear opacities					
Air bronchogram					
Bronchiectasis					
Halo sign					
Reversed halo sign					
Others					
Score LT lung (0, 1 or 2)					
Anterior segment LUL					
Apical segmental region LUL					



Posterior segmental region LUL					
Superior lingula					
Inferior lingula					
Apical segment LLL					
Anterior segmental region of LLL					
Basal segmental region of LLL					
Lateral segment LLL					
Posterior segment LLL					
Score RT lung (0, 1 or 2)					
Anterior segment RUL					
Apical segment RUL					
Posterior segment RUL					
Medial segment ML					
Lateral segment ML					
Apical segment RLL					
Anterior segment RLL					
Medial segment RLL					
Lateral segment RLL					
Posterior segment RLL					
Total score (0 – 40)					



Echocardiography:

Parameter	Baseline	Visit 1	Visit 2	Visit 3	Visit 4
Cardiac valves					
Mitral V <ul style="list-style-type: none"> ▪ Subvalvular apparatus ▪ Leaflets ▪ MVA 					
Aortic V					
Pulmonic V					
Tricuspid V					
Doppler findings					
MV					
AV					
PV					
TV					
Cardiac chambers					
RV					
RA					
LV					
LA					
Cardiac septa/outflow tract					
RVOT					
LVOT					
IAS					
IVS					
Great vessels					
Aorta					
Pulmonary artery					
Pericardium					



Echo dimensions					
LVESD					
LVEDD					
EF					
FS					
PWT					
SWT					
LAD					
ARD					
Comment					

Other radiological tests

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Notes

